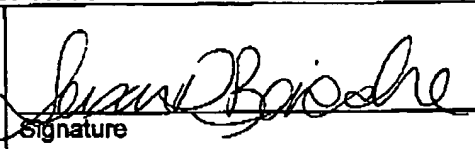
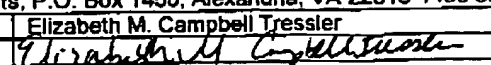


TRANSMITTAL FORM		Application Number		09/602,558		RECEIVED CENTRAL FAX CENTER APR 29 2005	
		Filing Date		June 23, 2000			
		First Named Inventor		Toshiyuki Okuyama			
		Art Unit		2637			
		Examiner Name		David B. Lugo			
Total Number of Pages in This Submission		15		Attorney Docket Number		205551-0002	
ENCLOSURES (check all that apply)				PETITION FOR EXTENSION OF TIME			
<input checked="" type="checkbox"/> Amendment/Reply (13 pages) <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Duplicate of this Transmittal (1 page)				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$450.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	18	-	20	=0	x 25=	\$	x 50=
Independent	6	-	6	=0	x 100=	\$	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290=
FEES							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input checked="" type="checkbox"/> Extension fee for two-month						\$450.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
TOTAL FEES						\$450.00	
PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965 .							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$450.00 . A duplicate of this sheet is attached.							
SIGNATURE OF ATTORNEY							
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				<div style="text-align: center;">  Signature </div> <div style="text-align: center;"> Date: </div>			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature							
				Date: 4/19/2005			